

Virgin Islands Department of Health
MCH & CSHCN Program
Comprehensive Plan to Conduct 2004-2005 Needs Assessment

Purpose of Needs Assessment

The purpose of the needs assessment is to identify the need for:

- a. preventive and primary care services for pregnant women, mothers and infants up to age one;
- b. preventive and primary care services for children (>1 – 21)
- c. services for children with special health care needs (as specified in section 501 (a) (1))

Methodology

The Title V Program in the Virgin Islands serves the entire population and provides services on all three major islands of St. Croix, St. Thomas St. John. The five-year needs assessment will be completed using various sources of data as well as through information gathering in focus groups on all three major islands.

Advisory Committee

An advisory Committee consisting of community stakeholders was activated to assist with the process. The role of the committee also include identification of issues to be addressed in the focus groups, gathering of existing data, and provide input into to the final report and identification of priority issues.

Focus Groups

In addition to review of existing data, additional information of the needs of these populations (pregnant women, mothers, and children, including children with special health care needs) will be gathered through focus groups. The bureau plans to convene three focus groups, one in each district (total of two) to gather information on the three major health issues addressed by the assessment. Focus group participants will be selected from MCH & CSHCN clients. All participants will be asked to answer survey questions and give input which will be used to identify priority needs. The bureau plans to use outside facilitators/consultants to run the focus group sessions.

Questions will be generated using several approaches, including review of past survey instruments and instruments from other states which have successfully completed such surveys.

Focus Group Protocol

The focus group protocol is being developed and will guide the focus group sessions, planned for November-December 2005. This will be accomplished using the committee and the consultant. Technical Assistance is being requested for this phase.

Data Gathering, Review and Analysis

Data gathering, review and analysis will be completed using the advisory committee, bureau staff and a consultant. The final report will be compiled and submitted by the due date of January 2006.

Action Plan

The major steps in the completion the needs assessment and the anticipated target dates for completion are as follows:

Task	Responsible Person (s)	Resources	Completion Date	Comment
Convene advisory committee	Director, Administrative Consultant	Travel, meeting venue	September 2005	Committee met on September 14; developed sample focus group questions
Complete and submit comprehensive plan to grant agency	Director, consultant	MCH & CSHCN Grant, staff time	October 14, 2005	Completed and submitted
Request Technical Assistance	Director	Computer, internet access	October 2005	
Conduct Focus Groups	Director, Administrative Consultant	Travel, meeting venues in both districts, consultant fees, participant stipends, supplies	November-December 2005	
Conduct gathering, review and analysis of existing data	All	Data sources such as 2000 Census, Vital Statistics, Hospital Discharge data (two hospitals), public health clinic data, MCH & CSHCN utilization data and client rosters	October-December 2005	
Identify priority needs based on results of needs assessment	Director, Consultant, Committee	Focus group reports, data gathered from existing sources	December 2005-January 2006	
Complete and submit needs assessment to grant agency as required	Director, Consultant	Computer, internet access, consultant fee	January 2006	

Needs Assessment

The five-year state needs assessment to determine needs and priorities for families of children with special health care needs became a priority of the program this year. A Needs Assessment committee was convened to provide guidance and oversight to the needs assessment process. The committee assisted in development of the survey instrument. Members included key program staff, family members and representatives of agencies/programs providing services to children with special health care needs and their families.

The committee concluded that the Virgin Islands would utilize the national SLAITS survey as a basis for developing a survey instrument. The CSHCN screener was used to determine parent or primary caretaker eligibility to participate in the survey. These screeners were distributed at public facilities including but not limited to clinics, private physicians offices, schools, community based organizations, churches, pharmacies, and shopping areas. This random approach eliminated targeting of a specific population, i.e. children with special health care needs known to the program, and provided a mechanism to identify families not accessing services available through the Title V program.

Major components of the survey included background/demographic factors, access to programs and services, and the level of satisfaction obtained. Trained interviewers conducted telephone surveys. Despite challenges faced by the interviewers the surveys were completed by the target date of April 1, 2005.

The University of the Virgin Islands, Eastern Caribbean Center initially agreed to perform the survey. The Director and staff of this division of the university have more than twenty years of experience in the area of administering surveys, data collection, and analysis, preparation of reports and management of the U.S. Census Bureau's local office. However, a consensus was not reached on the conditions required to establish a Memorandum of Agreement with this agency. In addition, the proposed budget to provide this service was prohibitive in relation to available funding. The MCH Program Consultant who had an oversight role in facilitating this process was unable to continue due to medical reasons. Janis Valmond, MPH, the former Director of Health Planning for the Department of Health, was contacted and agreed to assist with the completion of this task. The Needs Assessment Committee met monthly to review progress to date, challenges or areas that need to be addressed. The former SSDI Administrator who has agreed to assist with this project chaired these sessions.

Profile of the special needs sample

The majority of the special needs children whose families agreed to complete the survey reside in the St. Thomas/St. John District (n=112). 75% reside on the islands of St. Thomas and St. John, while the remaining 25% reside on St. Croix.

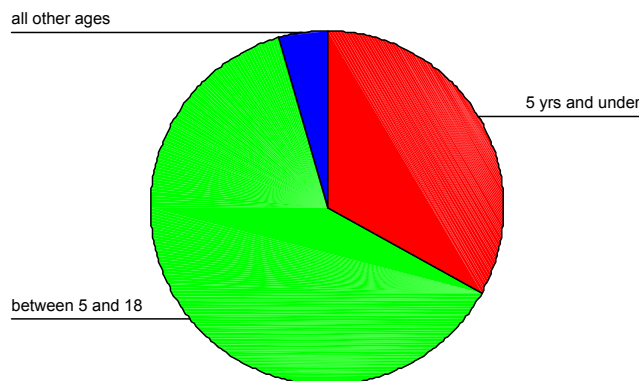
The low numbers on St. Croix were a result of a combination of factors, to include public awareness of the survey, respondents' reluctance to respond to such a long instrument and the difficulty in reaching families of children with special health care needs on that island. Therefore, the discussions will not seek to explore significant statistics for the St. Croix population at this time.

Of those completing the interviews, which targeted children 0-21 years, only 3% were older than 18, with the other 97% aged 18 and under. Overall, approximately one third (33%) were 5 years of age and under, with the majority aged between 5 and 18 (63%).

Age distribution of sample

	Frequency	Percent	Valid Percent	Cumulative Percent
Valid 5 yrs and under	37	33.0	33.0	33.0
between 5 and 18	70	62.5	62.5	95.5
all other ages	5	4.5	4.5	100.0
Total	112	100.0	100.0	

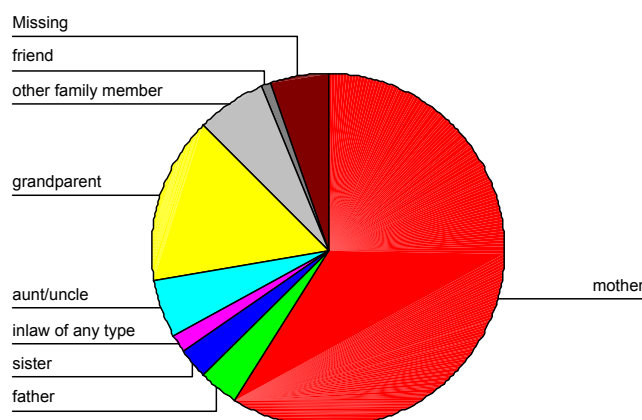
Age distribution of sample



A look at the gender of the children in this survey showed 53% male and 47% female. Of those responding to the question whether Hispanic (n=85), 22% responded yes to being Hispanic.

The mother lived in the household for over 70% of the children, and was the respondent most frequently (60%), with grandparent being the next most likely adult to complete the survey (16%). The father almost never (less than 1%) was the respondent (less than 1%).

Respondent's relationship to child



Health and functional status

84% of the survey population responded that the child's condition affected the child "sometimes" or "never" (n=110); only 8 % reported the child was always affected. When asked how severely condition affected the child's ability only 6.5% said "a great deal"; 93.5% reported "some" and "very little". This is somewhat consistent with the previous question. Furthermore, when asked to give the best description of the child's health care needs, 71% indicated that child's health care needs were usually stable or change once in a while. A ranking of the severity of the child's condition revealed 22% severe as opposed to 36% reporting "mild" and 42% reporting "moderate".

Performance Measures

Measure #2

Percent of children 0-18 years whose families partner in decision making at all levels and are satisfied with the services they receive.

There were two questions that spoke to the components of this performance measure. The first question asked how often did the child's doctors or other health care providers help the respondent feel like a partner in the child's care in the 12 month period preceding the survey. Of the participants who answered this question (n=84), approximately 73% said they usually or always felt like a partner in the child's health care. Only 7% said they never felt like a partner. The second question yielded similar results. Out of 82 responding, 79% were somewhat or very satisfied with services. Only 6 out of 82, 7% were very dissatisfied.

Measure #3

The percent of CSHCN age 0-18 years old who receive coordinated, ongoing, comprehensive care within a “medical home”.

The survey does not specifically address the question of a “medical home”, so answering this question from this needs assessment is not feasible. This measure will be addressed in the upcoming year, as a follow up to this needs assessment. However, several questions were posed related to whether the child had a “usual” place of care, and the type of provider.

Measure #4

The percent of CSHCN age 0-18 years whose families have adequate private and/or public health insurance to pay for the services they need.

When asked if health insurance offered benefits or covered services needed by the special needs child, a little less than half indicated “usually” and “always.” Approximately 27% felt the costs not covered by insurance reasonable, which is consistent with the previous response.

Measure #5

Percent of CSHCN age 0-18 whose families report the community-based service systems are organized so they can use them easily.

Approximately 50% of respondents who answered this question (n=83) reported that they found services needed by the special needs child “usually” or “always” organized in a way that makes them easy to use.

Measure #6

The percent of youth with SHCN who received the services necessary to make the transition to all aspects of adult life.

For the MCH program in the Virgin Islands, transition planning begins when the special needs child reaches the age of 13. There were 43 valid cases for this age category. Of those, a little less than half (44%) stated that the doctor or health care provider talked with them about how the child’s health care needs may change when the child became an adult. This was not the case for responses to the question as to whether a plan for addressing these changing needs had been developed. Here, only one-third of the persons responding to this question (n=27) said yes. Additionally, when asked if the child’s doctor had discussed transition to a doctor who sees adults, 70% of those who responded said no (n=30). 79.5% responded no to the question as to whether the child received any

vocational or career training (n=39). As with all findings from this survey, one has to be cautious due to the small numbers. Nonetheless, this is a small population, so large numbers may not be possible and this information may still be useful to the program in planning services for this very needy segment of the population.

Doctors have discussed child's health when becomes adult

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	no	9	32.1	56.3	56.3
	yes	5	17.9	31.3	87.5
	don't know	2	7.1	12.5	100.0
	Total	16	57.1	100.0	
Missing	System	12	42.9		
Total		28	100.0		

